



City Clerk's Office  
300 W. Ash, Rm. 206  
P.O. Box 736  
Salina, KS 67402-0736  
(785) 309-5735

**For office use only:**

Licensing Year: \_\_\_\_\_

License No.: \_\_\_\_\_

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

**APPLICATION FOR COMMERCIAL ANIMAL ESTABLISHMENT LICENSE**

PET SHOP - \$36.00 ☐ GROOMING SHOP - \$36.00 ☐ GUARD DOG SERVICE - \$36.00 ☐ RIDING STABLE - \$36.00 ☐

HOBBY BREEDER w/1-10 ANIMALS- \$36.00 ☐ KENNEL w/1-10 ANIMALS - \$36.00 ☐ CATTERIE w/1-10 ANIMALS - \$36.00 ☐

KENNEL w/11-20 ANIMALS - \$51.50 ☐ HOBBY BREEDER w/11-20 ANIMALS - \$51.50 ☐ CATTERIE w/11-20 ANIMALS - \$51.50 ☐

KENNEL w/21 + ANIMALS - \$72.50 ☐ HOBBY BREEDER w/21 + ANIMALS - \$72.50 ☐ CATTERIE w/21 + ANIMALS - \$72.50 ☐

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

MAILING ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

COMPANY PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ OWNERS PHONE \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

MANAGER, IF DIFFERENT FROM OWNER \_\_\_\_\_

LEGAL DESCRIPTION OF COMPANY ADDRESS \_\_\_\_\_

NUMBER OF DOGS (HOBBY BREEDER,KENNEL, CATTERIE ONLY) \_\_\_\_\_ NUMBER OFCATS (HOBBY BREEDER,KENNEL, CATTERIE ONLY) \_\_\_\_\_

Statements from adjacent property owners are attached to this application.

**I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I agree to give any duly authorized representative of the City of Salina, Kansas free access to my premises for the purpose of inspection.**

.....

**FOR OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received by \_\_\_\_\_

.....

**Zoning Certificate**

(Not required where fewer than 4 animals are kept in each structure or for renewals)

This is to certify that the above described property is zoned \_\_\_\_\_ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Date \_\_\_\_\_ Planning Department \_\_\_\_\_

.....

**Certificate of Health Department**

This is to certify that the above described property has been inspected. A written report and recommendation are attached. Approved/Disapproved.

Date \_\_\_\_\_ Health Official \_\_\_\_\_

.....

**Certificate of City Clerk**

Approved/Disapproved

Date \_\_\_\_\_ City Clerk \_\_\_\_\_

.....